## Buchanan Ingersoll & Rooney PC Attorneys & Government Relations Professionals

Address P.O. Box 1404 Alexandria, VA 22313-1404

1737 King Street, Suite 500 Alexandria, VA 22314-2727

Fax Number 703 836 2021

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW.

IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

#### **FAX COVER SHEET**

Please deliver the following materials as soon as possible.

No of Pages (Including cover sheet)

Elizabeth McKane FAX#: 571 273-1275
U.S. Patent and Trademark Office FAX#: 571 272-1275

FROM: Peter T. deVore

Telephone #: 703 838 6544

Date 10/20/2008

Reference No. 1027651-000271

#### Additional Comments or Instructions:

Please find attached a copy of the executed Declaration filed in the above-identified application on June 10, 2005 as requested.

Sincerely,

Petro John

REF No. 10/538,646

Peter T. deVore

Return Originals to:

Floor No.

1027651 / 000271

IF YOU DO NOT RECEIVE THE DESIGNATED NUMBER OF PAGES, OR IF YOU EXPERIENCE ANY PROBLEM WITH THE TRANSMISSION OF THIS DOCUMENT, PLEASE CALL OUR FAX OPERATOR AT 703 836 6620

PAGE 1/5 \* RCVD AT 10/20/2008 10:36:23 AM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-6/39 \* DNIS:2731275 \* CSID: \* DURATION (mm-ss):01-44

Attorney's Docket No	Attorney's	Docket No.	
----------------------	------------	------------	--

### COMBINED DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A method of	heating a package	
the specificati	on of which (check only one item below): is attached hereto. was filed as United States Patent application Number on and was amended on	(if applicable).
	was filed as PCT International application  Number on  and was amended on	(if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §§ 119 (a)-(d), 172 or 365 of any foreign application(s) for patent or inventor's certificate or of any international (PCT) application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international (PCT) application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

COUNTRY (If PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C
Sweden	0203862-8	20, 12, 2002	Yes □N
1000			Yes N
			Yes IN
			☐Yes ☐N
			Yes D



BDSM (02/03)

Combined Declaration and Power of Attorney for Utility or Design Patent Application Attorney's Docket No. \_\_\_\_\_

Page 2 of 4

I hereby appoint the following attorneys and agent(s) to prosecute said application and to transact all business in the U.S. Patent and Trademark Office connected therewith and to file, prosecute and to transact all business in connection with international applications directed to said invention:

Robert S. Swecker Platon N. Mandros Benton S. Duffett, Jr. Norman H. Stepno Ronald L. Gradziecki Frederick G. Michaud, Jr. Alan E. Kopecki Regis E. Slutter Samuel C. Miller, III Robert G. Mukai George A. Hovanec, Jr. James A. LaBarre E. Joseph Gess R. Danny Huntington	19,885 22,124 22,030 22,716 24,970 26,003 25,813 26,999 27,360 28,531 28,223 28,632 28,510 27,903	Teresa Stanek Rea Robert B. Krebs William C. Rowland T. Gene Dillahunty Patrick C. Keane B. Jefferson Boggs, Jr. William H. Benz Peter K. Skiff Richard J. McGrath Matthew L. Schneider Michael G. Savage Gerald F. Swiss Charles F. Wieland III Bruce T. Wieder	30,427 25,885 30,888 25,423 32,858 32,344 25,952 31,917 29,195 32,814 32,596 30,113 33,096 33,815	Allen R. Baum Brian P. O'Shaughnessy Kenneth B. Leffler Fred W. Hathaway Wendi L. Weinstein Mary Ann Dillahunty Donna M. Meuth Mark R. Kresloff Nhat D. Phan Cindy A. Lynch  All practitioners associate Customer No. 218	39
	-				39

Address all correspondence to:

21839

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

P.O. Box 1404

Alexandria, Virginia 22313-1404

Address all telephone calls to: \_\_\_\_\_ at (703) 836-6620.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE OR FIRST INVENTOR	Aksel Christensen
Signature	Mad Chief
Date	March 19 - 2005
Residence (City, State, Country)	Lomma, Sweden
Citizenship	Sweden
Mailing Address	Jollegatan 15
City, State, ZIP, Country	SE-234 42 Lomma, Sweden
FULL NAME SECOND INVENTOR, IF ANY	Tommy Ekstern
Signature <	- Commy Shet
Date	MARCH 31-2005
Residence (City, State, Country)	Lund, Sweden
Citizenship	Sweden
Mailing Address	Lilla Fiskaregatan 8 A
City, State, ZIP, Country	SE-222 22 Lund, Sweden

# Combined Declaration and Power of Attorney for Utility or Design Patent Application Attorney's Docket No. \_\_\_\_\_\_ Page 3 of 4

Signature 1	FULL NAME OF THIRD INVENTOR, IF ANY	Tom Kjelgaard
Residence (City, State, Country)  Citizenship  Mailing Address  City, State, ZIP, Country  FULL NAME OF FOURTH INVENTOR, IF ANY Signature  Date  City, State, ZIP, Country  FULL NAME OF FIFTH INVENTOR, IF ANY Signature  Date  Residence (City, State, Country)  Citizenship  Sweden  Mailing Address  City, State, ZIP, Country  FULL NAME OF FIFTH INVENTOR, IF ANY Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address  City, State, ZIP, Country  FULL NAME OF SIXTH INVENTOR, IF ANY Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address  City, State, ZIP, Country  FULL NAME OF SIXTH INVENTOR, IF ANY Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address  City, State, ZIP, Country  FULL NAME OF SEVENTH INVENTOR, IF Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address	Signature 1 4 6 6 6	
Residence (City, State, Country)  Citizenship  Mailing Address  City, State, ZIP, Country  FULL NAME OF FOURTH INVENTOR, IF ANY Signature  Date  City, State, ZIP, Country  FULL NAME OF FIFTH INVENTOR, IF ANY Signature  Date  Residence (City, State, Country)  Citizenship  Sweden  Mailing Address  City, State, ZIP, Country  FULL NAME OF FIFTH INVENTOR, IF ANY Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address  City, State, ZIP, Country  FULL NAME OF SIXTH INVENTOR, IF ANY Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address  City, State, ZIP, Country  FULL NAME OF SIXTH INVENTOR, IF ANY Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address  City, State, ZIP, Country  FULL NAME OF SEVENTH INVENTOR, IF Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address	Date Parch 70 2005	
Mailing Address  City, State, ZIP, Country  FULL NAME OF FOURTH INVENTOR, IF ANY Signature Date  Residence (City, State, Country)  City, State, ZIP, Country  FULL NAME OF FIFTH INVENTOR, IF ANY Signature Date Residence (City, State, Country)  Citizenship Mailing Address  City, State, ZIP, Country  FULL NAME OF SIXTH INVENTOR, IF ANY Signature Date Residence (City, State, Country)  Citizenship Mailing Address  City, State, ZIP, Country  FULL NAME OF SIXTH INVENTOR, IF ANY Signature Date Residence (City, State, Country)  Citizenship Mailing Address  City, State, ZIP, Country  FULL NAME OF SIXTH INVENTOR, IF ANY Signature Date Residence (City, State, Country)  Citizenship Mailing Address  City, State, ZIP, Country  FULL NAME OF SEVENTH INVENTOR, IF Signature Date Residence (City, State, Country)  Citizenship Mailing Address	Residence (City, State, Country)	Lund, Sweden
City, State, ZIP, Country  FULL NAME OF FOURTH INVENTOR, IF ANY Signature Date CSO330 Residence (City, State, Country) Hjärup, Sweden  Kalsvägen 27 City, State, ZIP, Country FULL NAME OF FIFTH INVENTOR, IF ANY Signature Date Residence (City, State, Country) Citizenship Mailing Address City, State, ZIP, Country FULL NAME OF SIXTH INVENTOR, IF ANY Signature Date Residence (City, State, Country) Citizenship Mailing Address City, State, ZIP, Country FULL NAME OF SIXTH INVENTOR, IF ANY Signature Date Residence (City, State, Country) Citizenship Mailing Address City, State, ZIP, Country FULL NAME OF SEVENTH INVENTOR, IF Signature Date Residence (City, State, Country) Citizenship Mailing Address City, State, ZIP, Country FULL NAME OF SEVENTH INVENTOR, IF Signature Date Residence (City, State, Country) Citizenship Mailing Address City, State, Country) Citizenship Mailing Address	Citizenship	Sweden
City, State, ZIP, Country  FULL NAME OF FOURTH INVENTOR, IF ANY Signature  Date CSO33 c  Residence (City, State, Country)  Hjärup, Sweden  Sweden  Mailing Address City, State, ZIP, Country  FULL NAME OF FIFTH INVENTOR, IF ANY Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address  City, State, ZIP, Country  FULL NAME OF SIXTH INVENTOR, IF ANY Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address  City, State, ZIP, Country  FULL NAME OF SIXTH INVENTOR, IF ANY Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address  City, State, ZIP, Country  FULL NAME OF SIXTH INVENTOR, IF ANY Signature  Date  Residence (City, State, Country)  Citizenship  Address  City, State, ZIP, Country  FULL NAME OF SEVENTH INVENTOR, IF  Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address	Mailing Address	Iliongränden 221
FULL NAME OF FOURTH INVENTOR, IF ANY  Signature Date C50330  Residence (City, State, Country)  Hjärup, Sweden  Sweden  Mailing Address  City, State, ZIP, Country  FULL NAME OF FIFTH INVENTOR, IF ANY  Signature Date  Residence (City, State, Country)  FULL NAME OF SIXTH INVENTOR, IF ANY  Signature Date  Residence (City, State, Country)  FULL NAME OF SIXTH INVENTOR, IF ANY  Signature Date  Residence (City, State, Country)  Citizenship  Mailing Address  City, State, ZIP, Country  FULL NAME OF SIXTH INVENTOR, IF ANY  Signature  Date  Residence (City, State, Country)  FULL NAME OF SEVENTH INVENTOR, IF  Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address  City, State, ZIP, Country  FULL NAME OF SEVENTH INVENTOR, IF  Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address	City, State, ZIP, Country	1 1000000
Date CSO33C  Residence (City, State, Country) Hjärup, Sweden  Citizenship Sweden  Mailing Address Räisvägen 27  City, State, ZIP, Country SE-245 63 Hjärup, Sweden  FULL NAME OF FIFTH INVENTOR, IF ANY  Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address  City, State, ZIP, Country  FULL NAME OF SIXTH INVENTOR, IF ANY  Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address  City, State, ZIP, Country  FULL NAME OF SIXTH INVENTOR, IF ANY  Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address  City, State, ZIP, Country  FULL NAME OF SEVENTH INVENTOR, IF  Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address	FULL NAME OF FOURTH INVENTOR, IF ANY	100
Residence (City, State, Country)  Citizenship  Sweden  Mailing Address  Rilsvägen 27  City, State, ZIP, Country  SE-245 63 Hjärup, Sweden  FULL NAME OF FIFTH INVENTOR, IF ANY  Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address  City, State, ZIP, Country  FULL NAME OF SIXTH INVENTOR, IF ANY  Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address  City, State, ZIP, Country  FULL NAME OF SIXTH INVENTOR, IF ANY  Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address  City, State, ZIP, Country  FULL NAME OF SEVENTH INVENTOR, IF  Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address		
Citizenship  Mailing Address  Rälsvägen 27  Ciry, State, ZIP, Country  SE-245 63 Hjärup, Sweden  FULL NAME OF FIFTH INVENTOR, IF ANY  Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address  City, State, ZIP, Country  FULL NAME OF SIXTH INVENTOR, IF ANY  Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address  City, State, ZIP, Country  FULL NAME OF SIXTH INVENTOR, IF ANY  Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address  City, State, ZIP, Country  FULL NAME OF SEVENTH INVENTOR, IF  Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address	Date 050330	
Citizenship  Mailing Address  Raisvägen 27  Ciry, State, ZIP, Country  FULL NAME OF FIFTH INVENTOR, IF ANY  Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address  City, State, ZIP, Country  FULL NAME OF SIXTH INVENTOR, IF ANY  Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address  City, State, ZIP, Country  FULL NAME OF SIXTH INVENTOR, IF ANY  Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address  City, State, ZIP, Country  FULL NAME OF SEVENTH INVENTOR, IF  Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address	Residence (City, State, Country)	Hjärup, Sweden
City, State, ZIP, Country  FULL NAME OF FIFTH INVENTOR, IF ANY  Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address  City, State, ZIP, Country  FULL NAME OF SIXTH INVENTOR, IF ANY  Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address  City, State, ZIP, Country  FULL NAME OF SIXTH INVENTOR, IF ANY  Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address  City, State, ZIP, Country  FULL NAME OF SEVENTH INVENTOR, IF  Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address	Citizenship	
Ciry, State, ZIP, Country  FULL NAME OF FIFTH INVENTOR, IF ANY  Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address  City, State, ZIP, Country  FULL NAME OF SIXTH INVENTOR, IF ANY  Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address  City, State, ZIP, Country  FULL NAME OF SIXTH INVENTOR, IF ANY  Signature  Date  Residence (City, State, Country)  FULL NAME OF SEVENTH INVENTOR, IF  Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address	Mailing Address	Rälsvägen 27
Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address  City, State, ZIP, Country  FULL NAME OF SIXTH INVENTOR, IF ANY Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address  City, State, ZIP, Country  FULL NAME OF SIXTH INVENTOR, IF ANY Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address  City, State, ZIP, Country  FULL NAME OF SEVENTH INVENTOR, IF  Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address	City, State, ZIP, Country	
Date Residence (City, State, Country) Citizenship Mailing Address City, State, ZIP, Country FULL NAME OF SIXTH INVENTOR, IF ANY Signature Date Residence (City, State, Country) Citizenship Mailing Address City, State, ZIP, Country FULL NAME OF SEVENTH INVENTOR, IF Signature Date Residence (City, State, Country) Citizenship Gity, State, ZIP, Country FULL NAME OF SEVENTH INVENTOR, IF Signature Date Residence (City, State, Country) Citizenship Mailing Address	FULL NAME OF FIFTH INVENTOR, IF ANY	
Residence (City, State, Country)  Citizenship  Mailing Address  City, State, ZIP, Country  FULL NAME OF SIXTH INVENTOR, IF ANY  Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address  City, State, ZIP, Country  FULL NAME OF SEVENTH INVENTOR, IF  Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address	Signature	
Citizenship  Mailing Address  City, State, ZIP, Country  FULL NAME OF SIXTH INVENTOR, IF ANY  Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address  City, State, ZIP, Country  FULL NAME OF SEVENTH INVENTOR, IF  Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address	Date	
Mailing Address City, State, ZIP, Country  FULL NAME OF SIXTH INVENTOR, IF ANY Signature  Date Residence (City, State, Country) Citizenship Mailing Address City, State, ZIP, Country FULL NAME OF SEVENTH INVENTOR, IF Signature Date Residence (City, State, Country) Citizenship Mailing Address	Residence (City, State, Country)	
City, State, ZIP, Country  FULL NAME OF SIXTH INVENTOR, IF ANY  Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address  City, State, ZIP, Country  FULL NAME OF SEVENTH INVENTOR, IF  Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address	Citizenship	
FULL NAME OF SIXTH INVENTOR, IF ANY  Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address  City, State, ZIP, Country  FULL NAME OF SEVENTH INVENTOR, IF  Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address	Mailing Address	
Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address  City, State, ZIP, Country  FULL NAME OF SEVENTH INVENTOR, IF  Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address	City, State, ZIP, Country	
Date  Residence (City, State, Country)  Citizenship  Mailing Address  City, State, ZIP, Country  FULL NAME OF SEVENTH INVENTOR, IF  Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address	FULL NAME OF SIXTH INVENTOR, IF ANY	
Residence (City, State, Country)  Citizenship  Mailing Address  City, State, ZIP, Country  FULL NAME OF SEVENTH INVENTOR, IF  Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address	Signature	
Citizenship  Mailing Address  City, State, ZIP, Country  FULL NAME OF SEVENTH INVENTOR, IF  Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address	Date	
Mailing Address  City, State, ZIP, Country  FULL NAME OF SEVENTH INVENTOR, IF  Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address	Residence (City, State, Country)	
City, State, ZIP, Country  FULL NAME OF SEVENTH INVENTOR, IF  Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address	Citizenship	
FULL NAME OF SEVENTH INVENTOR, IF  Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address	Mailing Address	
Signature  Date  Residence (City, State, Country)  Citizenship  Mailing Address		
Date  Residence (City, State, Country)  Citizenship  Mailing Address	FULL NAME OF SEVENTH INVENTOR, IF	
Residence (City, State, Country) Citizenship Mailing Address	Signature	
Citizenship Mailing Address	Date	
Mailing Address	Residence (City, State, Country)	
	Citizenship	
City, State, ZIP, Country	Mailing Address	
	City, State, ZIP, Country	

Combined Declaration and Power of Attorney for Utility or Design Patent Application Attorney's Docket No.

Page 4 of 4

FULL NAME OF EIGHTH INVENTOR, IF ANY	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Mailing Address	
City, State, ZIP, Country	
FULL NAME OF NINTH INVENTOR, IF ANY	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Mailing Address	
City, State, ZIP, Country	
FULL NAME OF TENTH INVENTOR, IF ANY	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Mailing Address	
City, State, ZIP, Country	